

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035312

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 171

Primary Registration District No. 4268

Registrar's No. 28

FILED SEP 25 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mayview

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY
OR TOWN Mayview

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS 105 S W Boundary

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Elbert

Middle

Everette

Last

Jennings

4. DATE OF DEATH

Month

September 15,

Day

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-8-1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months 7 Days 8

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Mayview, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Jennings

13b. MOTHER'S MAIDEN NAME

Ida Smitherman

14. NAME OF HUSBAND OR WIFE

Esther Walkwita Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Esther Jennings Mayview, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-15-62 to 9-15-62 and last saw him alive on 9-15-62

Death occurred at 12:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Forrest A. Hoefer

(Degree or title)

22b. ADDRESS

Higginsville, Mo.

22c. DATE SIGNED

9/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-17-1962

23c. NAME OF CEMETERY OR CREMATORY

Brand

23d. LOCATION (City, town, or county)

Higginsville

Missouri

24. FUNERAL DIRECTOR

Forrest A. Hoefer Higginsville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

9/18/62

26. REGISTRAR'S SIGNATURE

Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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SEP 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Forest R. Hoefler

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.